

Transitions Clinic Network: Transforming the Healthcare System in Partnership with Justice-Involved Individuals

Shira Shavit, MD
Executive Director, Transitions Clinic Network
Associate Clinical Professor
Dept. Family and Community Medicine
University of California, San Francisco



- The project described was supported by Grant Number 1CMS331071-01-00 and 1C1CMS331300-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services.
- Disclaimer: The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee. Findings might or might not be consistent with or confirmed by the findings of the independent evaluation contractor.

Outline

- **Background:** Why is caring for patients with a history of incarceration any different than other patients?
- **Transitions Clinic model:** Creating a model of primary care specific to patients with a history of incarceration
- **Transitions Clinic Network:** Scaling up the model





Patient demographic is changing.



Healthcare is constitutionally guaranteed in prison.



Prison environments can exacerbate poor health.



Access is limited by institutional policies.



Self management of chronic conditions is difficult.



Image Courtesy of Ray Chavez and CA Prison Health Care Researchers



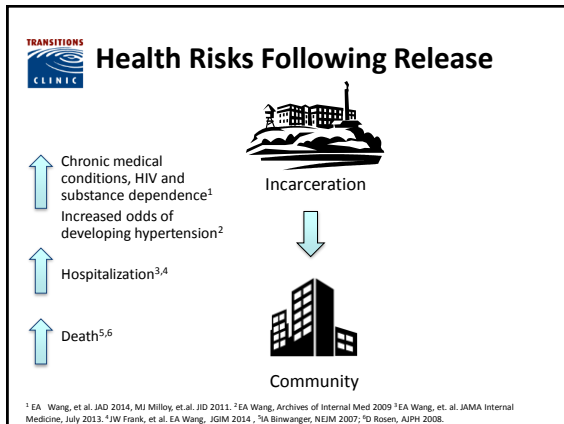


Almost everyone goes home.

Health-related Reentry Challenges

- No discharge planning and short supply of medications¹
- No health insurance/lapse in Medicaid and Medicare B²
- Individuals convicted of drug felonies face additional barriers to meeting basic needs: food stamps, WIC, section 8 housing³

¹ N.A. Flanagan, et al. Can J Nurs Res 2004, ² N. Birnbaum, et al., E.A. Wang, AJPH 2014, ³ E.A. Wang, et al. AIDS Educ Prev 2013.



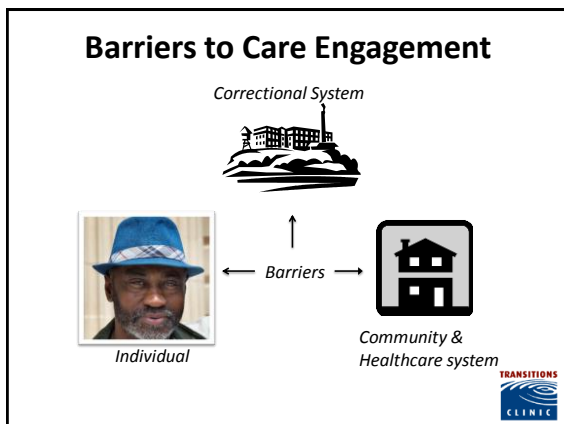
The NEW ENGLAND JOURNAL of MEDICINE

Release from Prison—A High Risk of Death for Former Prisoners

- 12 times increased risk of death in first 2 weeks after release
- The leading causes of death:
 1. Drug overdose
 2. Cardiovascular disease
 3. Homicide
 4. Suicide
 5. Cancer

TRANSITIONS CLINIC

Binswanger, et al. NEJM 2007; 356:157-65



Discrimination

- Already experienced discrimination in the healthcare setting based on socioeconomic status, racial and ethnic backgrounds, and lower levels of education¹⁻⁴
- Resulting in psychological distress and reduced healthcare engagement⁵
- Less likely to have routine physical within the past year, delays in care, poor adherence to recommended care, and decreased use of preventive services⁶⁻¹⁰
- 42% of recently prisoners experienced discrimination based on CJ history¹¹

1. Williams DR, Neighbors HW, Jackson D. Racial/ethnic discrimination and health: findings from community studies. *Am J Public Health* 2003;93(2):1200-6.
 2. Pasch LA. A systematic review of empirical research on self-reported racism and health. *Int J Epidemiol* 2006;35(5):880-905.
 3. Browner VL, Pappas M, Jones D, West WM, Neighbors HW, Mendenhall C, et al. The state of research on racial/ethnic discrimination in the receipt of health care. *Am J Public Health* 2012;102(10):1593-6.
 4. Grollman AP. Multiple forms of perceived discrimination and health among adolescents and young adults. *J Health Soc Behav* 2012;13(2):109-24.
 5. Turner K, Lee S, Conforti M. Discrimination and Psychological Distress Among Recently Released Male Prisoners. *Am J Men Health* 2013.
 6. Van Houtven CE, Smith CJ, O'Brien EC, Winkler MF, Frankfort M, Schulman KA, et al. Perceived discrimination and temporal delay of pharmacy prescriptions and medical tests. *J Gen Intern Med* 2009;24(7):578-85.
 7. Casagrande SS, Gary VL, Laitner TA, Gaskin DJ, Cooper JA. Perceived discrimination and adherence to medical care in a racially integrated community. *J Gen Intern Med* 2007;22(2):189.
 8. Neumann RB, Wang B, Butler RA. Perceived discrimination in health care and use of preventive health services. *J Gen Intern Med* 2002;17(3):157-65.
 9. Benjamin ML. Racial/Ethnic Discrimination and Preventive Service Utilization in a Sample of African American, Mexican American, and Puerto Rican Men. *Med Care* 2012.
 10. Burchard E, Looie H, & Soto C. Patients' reports of discrimination in the health care setting and its impact on care. *J Gen Intern Med* 2006;21(6):721-30.
 11. Frank R. Discrimination based on criminal record and health care utilization among recently released prisoners. *Discrimination Made Healthy Nation*. 2014;10:20-4.



Transitions Clinic Program, Southeast HC, SFHN

Using Community Engagement to convene Transitions Clinic Community Advisory Board

Bayview Neighborhood Residents
 Transitions Clinic patients
 All of Us or None
 Legal Services for Prisoners with Children
 San Francisco Reentry Council
 City of San Francisco
 San Francisco Department of Public Health
 Southeast Health Center
 University of California, San Francisco

Strategies to Successful Engagement Post-Release

- *Include individuals and communities impacted by criminal justice system in design, implementation and evaluation of programs*
- Broad Definition of health & well-being
- Adapt systems to be patient-centered
- Empower patients
- Favor reintegration
- Avoid replication of correctional system



Patient Centered Care for Returning Prisoners

- Culturally competent primary care teams
- Certified community health worker (CHW) with past history of incarceration to assist with patient navigation, care management, and chronic disease self-management support)
- Patient centered services; i.e. access to primary care within 2 weeks of release (starting in prison), behavioral health integration, re-entry support
- Partnerships with existing community organizations that serve formerly incarcerated individuals



Role of the Community Health Worker

Outreach

Meeting our patients where they are at (literally)

- Parole
- Home
- Jail/prison
- Hospital
- Treatment facilities
- The streets

Health System Navigation

Guide for the complex medical system.

- Medication assistance
- Health insurance
- Specialty appointments
- Pharmacy, lab, radiology



Role of the Community Health Worker

Referrals & Advocacy:

- Housing, employment, job training, education and other social services.

▪ Emotional Support & Mentorship

Health Education:

- Educating patients about their chronic diseases especially new diagnoses.

Chronic Disease Self

Management:

- Education about self-reliance and chronic disease management.



TC study: Methods

- Community-based participatory research¹
 - “collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings.”
- Designed a Randomized Controlled Trial
 - Transitions clinic program vs. expedited primary care
- Outcomes: 12 month administrative data from electronic health record and county jail

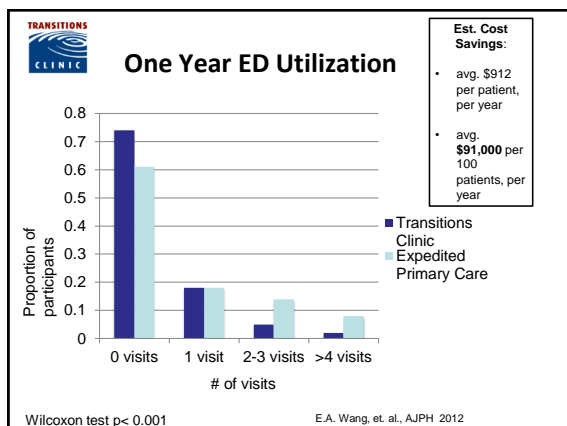
1. Israel BA, Eng E, Schulz AJ, eds. *Methods in Community-Based Participatory Research for Health*. San Francisco, Calif: Jossey-Bass; 2003



TC study: Results

Outcome	Randomized to Transitions Clinic (N=98)	Randomized to Expedited Primary Care (N=102)	p-value
Primary care utilization			
Two or more visits to assigned clinic	37 (37.7)	48 (47.1)	0.18
Any Emergency Department Use	25 (25.5)	40 (39.2)	0.04
Any Hospitalization	10 (10.2)	15 (14.7)	0.34
Any Incarceration (Jail)	57 (58.1)	54 (52.9)	0.46

E.A. Wang, et. al. AJP 2012 Jul 19.



"Engaging High-Risk Medicaid Patients leaving Prison into Primary Care: Transitions Clinic Network"

- CMS Health Care Innovations Award Recipient 2012-2015
- Provide primary care to 2000+ patients leaving prison
- 13 programs in 6 states and Puerto Rico

- San Jose, CA
- Richmond, CA
- San Francisco, CA
- Pittsburgh, CA
- Caguas, Puerto Rico
- New York, NY
- Rochester, NY
- Boston, MA
- New Haven, CT
- Birmingham, AL
- Baltimore, MD
- Bronx, NY

TRANSITIONS CLINIC



Training Community Health Workers

Post Prison Community Health Worker Curriculum,
City College of San Francisco; 20 units

- Train previously incarcerated CHW students to care for recently released prisoners
- Online training
- On-site internships (128 hours) for CHW students mentored by seasoned CHWs



TCN Technical Assistance: Professional Development

- Cultural competency training 12 part training
- Clinical skill building for CHWs/clinicians
- Team Based Care
- On-site rotations for residents and medical students



TCN Technical Assistance: Program Implementation

Program Implementation

- Hiring, supervision and integration of CHW
- Re-entry & Criminal Justice Partnerships
- Patient-Centered Services
- Patient recruitment & retention
- Sustainability

Hiring Formerly Incarcerated Individuals to Work in Clinical Settings

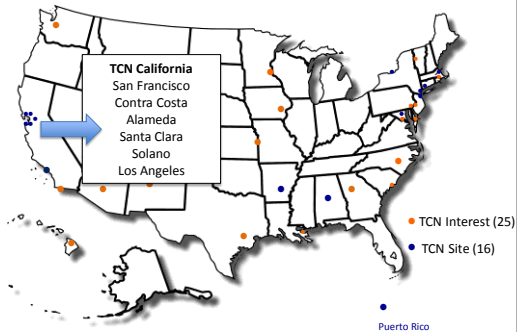
- Equal Employment Opportunity Commission states that employers cannot deny individuals a job based on criminal record
- Still barriers to hiring formerly incarcerated individuals, including a criminal record box on applications
 - At least 14 states, 51 cities have banned the box
- "Thinking Outside the Box: Hospitals Promoting Employment for Formerly Incarcerated Persons" *Annals of Internal Medicine* by Aaron Fox

TCN Technical Assistance: Evaluation

Evaluation/Research

- Assisting with IRB/OHRP approval
- Obtaining consent, survey administration and data entry
- Clinical constant quality improvement
- Community based participatory research

Transitions Clinic Network





Acknowledgements

Transitions Clinic Network

Jenerius Aminawung, MD, MPH
Tim Berthold, MPH
Nathan Birnbaum
Susan Busch, PhD
Joe Calderon, CHW
Amie Fishman, MPH
Scott Greenberg
Jerry Smart, CHW
Lisa Pham
Lisa Puglisi, MD
Ron Sanders, CHW
Anna Steiner, MSW, MPH
Shira Shavit, MD
TCN Liaisons, TCN CHWs, and panel managers
TCN patients
TCN Community Partners
National Advisory Board

Network Funding

Langeloth Foundation
CMMI Healthcare Innovation Award
1C1CMS331071-03-00
Patient Centered Outcomes Research Institute
Department of Justice
The California Endowment
The San Francisco Foundation
The California Healthcare Foundation
The Tow Foundation
The Solomon Family Foundation
The Robert Wood Johnson Foundation
The California Wellness Foundation

Program Support

SF DPH/ Southeast Health Center
Alameda Department Health Care Services
Agency/Roots
Contra Costa Health Services/Health Conductors
Santa Clara County Office of Reentry
Services/Valley Medical Center
Partnership HealthPlan/La Clinica de La Raza
Blue Shield Foundation/LA Care/IAC, DHS



Thank you!

Questions?



Contact information:

Shira Shavit, MD
Executive Director
Shira.shavit@ucsf.edu
415-476-2148

Anna Steiner, MSW, MPH
Program Director
Anna.steiner@ucsf.edu
415-502-2441



- The project described was supported by Grant Number 1CMS331071-01-00 and 1C1CMS331300-01-00 from the Department of Health and Human Services, Centers for Medicare & Medicaid Services.
- Disclaimer: The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health and Human Services or any of its agencies. The research presented here was conducted by the awardee. Findings might or might not be consistent with or confirmed by the findings of the independent evaluation contractor.
